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*"D" standard for clinics.**Changes from standard "C."*

Central location.

Adequate sterilization.

Complete record of treatment.

Nurse.

Open three days per week.

Open two hours per day.

Treatment good for one disease (gonorrhea or syphilis), fair for other.

Per capita cost \$2.

Daily average attendance 12.

Equipment omitted.

Histories omitted.

Night hours omitted.

Fees allowed.

Per capita increased \$0.50.

Attendance decreased 3.

Fifty clinics conformed to standard "D" and 20 others conformed to this standard with the exception that the per capita cost could not be determined.

All other clinics not included in "A," "B," "C," and "D" were classed as "E" clinics.

The information relative to the clinics gained through the survey has been used to stimulate the clinics to do better work. State boards of health are constantly striving to raise the standard of work done at venereal disease clinics, and it is believed that many clinics now classified as "E" standard will have been brought to conform to the requirements of a higher standard and that in time highly efficient facilities for treatment will be secured throughout the United States for venereally infected persons.

INDUSTRIAL MORBIDITY STATISTICS.

Report of the Committee on Industrial Morbidity Statistics, Section on Vital Statistics, American Public Health Association, 1920.¹

The following report is of the Committee on Industrial Morbidity Statistics, Section on Vital Statistics, American Public Health Association, for the year ended September, 1920:

Your committee begs to submit as its report for this year a brief statement to the effect that the Statistical Office of the United States Public Health Service has, during the past year, undertaken the work of putting into operation the system of morbidity reports from industrial establishments which, in accordance with your instructions, the committee had developed and suggested in 1918 and 1919. Your committee has held no meetings during the past year, although its members individually have assisted the Public Health Service in various ways in this work. It has held itself in readiness to cooperate as a body whenever it was felt that sufficient trial of the proposed system of industrial morbidity reports had been made to war-

¹ Presented at the annual meeting of the American Public Health Association held in San Francisco, September 13-17, 1920. Reports of the committee presented at the meetings in 1918 and 1919 are contained in Reprints Nos. 484 and 564, respectively, from Public Health Reports.

rant a consideration of such revisions and changes as might appear advisable and to assist in the further development of the plan.

As suggested in previous reports of this committee, the Public Health Service acts as the central collecting agency for current reports of morbidity from industrial establishments. This work has been made a part of the functions of the Statistical Office of the Public Health Service.

In a letter to the chairman of this committee from the statistician in charge of the Statistical Office, one point is mentioned which your committee feels that it should lay especial emphasis upon, namely, the fact that this work is seriously handicapped by the lack of sufficient appropriations. The collection of reports of disease prevalence, in sufficient detail to permit of statistical analysis from the points of view of race, sex, age, and occupation, for a definitely enumerated and observed group of persons, is fundamental to a dependable epidemiology. There is no large body of such material in the United States, and public health work has been, and still is, seriously handicapped by this lack. Particularly is this true in the field of industrial hygiene, where an accurate measure of the effects of occupation upon the health of the workers is badly needed. It is believed that the collection of a large body of facts relating to the incidence of disease among wage earners and a system of current reports of disease prevalence among a large number of wage earners will go far to supply this need. Such is the purpose of the work outlined by your committee, and, while excellent progress has been made, its development and usefulness are postponed in a large measure by insufficient appropriations to the Public Health Service. Your committee therefore feels that every effort should be made to urge the importance of this undertaking and the necessity for sufficiently large appropriations by Congress to the Public Health Service to permit of its proper development as a health measure of fundamental importance.

LOUIS I. DUBLIN, *Chairman.*

CARL B. AUEL.

WILLIAM A. HATHAWAY.

B. S. WARREN, *Secretary.*

PRINCIPAL CAUSES OF DEATH IN UNITED STATES REGISTRATION AREA, 1919.¹

CENSUS BUREAU SUMMARIZES MORTALITY STATISTICS.

The Census Bureau's annual bulletin on mortality statistics for the death registration area in continental United States, which will be issued shortly, shows 1,096,436 deaths as having occurred in 1919.

¹ Similar summaries for the years 1917 and 1918 were published in Public Health Reports for July 4, 1919, and Feb. 13, 1920, respectively.